



DHHS SWIMMING POOLS
PO Box 98922, Lincoln, NE 68509-8922
Phone: 402-471-0903 – FAX: 402-471-6436
Email: DHHS.drinkingwater@nebraska.gov
24-Hour Emergency Contact #402-525-6601

SWIMMING POOL ACCIDENT REPORT

The pool owner or the Nebraska swimming operator must immediately notify the Department at 402-525-6601 of any drowning or near drowning. This report must then be completed and returned to the Department.

Any accident occurring on the pool premises requiring hospitalization or medical treatment must be reported within 24 hours by completing and submitting this form to the Department.

Please Print Legibly

Date of Accident:		Time of Accident:			
Name of Victim(s):					
Name of Pool/Spa:				Permit Number:	
Pool Address:	Street:				
	City:	State: NE	Zip:	County:	
Area of Pool Where Accident Occurred:					

Nebraska Swimming Pool Operator(s) on Duty	Certificate of Competency Number

Lifeguards on Duty (if applicable)	

Description of Accident (use additional pages if necessary):

Report Made By (Print/Type Name): _____

Signature: _____ Date: _____